WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 9 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Grundy — Registration District No. 328 — File No. 24200

Township — Primary Registration District No. 3017 — Registered No.

City Trenton (No. , St. Ward)

2. FULL NAME Amanda Maovina Bumgarner

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word) wyne: W H Bumgarner

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W H Bumgarner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-12, 1851

7. AGE: 72 YEARS — MONTHS: 8 — DAYS: 14 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sullivan Co Mo

FATHER
13. NAME: Elya ~~[illegible]~~ Duley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER
15. MAIDEN NAME: Elizabeth Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Mrs W. B. Watson, Harris, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Milan Mo DATE 7/28/34 19

19. UNDERTAKER (ADDRESS): C A Schoene, Milan Mo

20. FILED 7-26 1934 Irene D Faw, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-26-, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1934, to July 26, 1934
I last saw her alive on July 25, 1934. Death is said to have occurred on the date stated above, at 3:20 a.m.
The principal cause of death and related causes of importance were as follows:

~~July 23~~ Intestinal Obstruction — Date of onset July 23 1934

46

Other contributory causes of importance: Carcinoma of Colon

Name of operation None — Date of
What test confirmed diagnosis? Physical Findings — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. Moon, M. D.
(Address) Trenton, Mo.